

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 578581

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 3 | 2 | | | | | |
| 4 | ① | | | | | |
| 5 | ① | | | | | |
| 6 | ① | | | | | |
| 7 | ① | | | | | |
| 8 | ① | | | | | |
| 9 | ① | | | | | |
| 10 | ① | | | | | |
| 11 | ① | | | | | |
| 12 | ① | | | | | |
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| TOTAL DEP. | 12 | ← | | ← | ← | ← |
| TOTAL CLAIMS | 18 | | | | | |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| TOTAL IND. | | | ↓ | | ↓ | ↓ |
| TOTAL DEP. | | ← | | ← | ← | ← |
| TOTAL CLAIMS | | | | | | |